

AMENDED IN ASSEMBLY MAY 26, 2005  
AMENDED IN ASSEMBLY MARCH 30, 2005  
AMENDED IN ASSEMBLY MARCH 10, 2005

CALIFORNIA LEGISLATURE—2005–06 REGULAR SESSION

## ASSEMBLY BILL

**No. 119**

**Introduced by Assembly Member Cohn**

January 13, 2005

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An act to ~~amend Section 14043.26 of~~ *add Section 14043.265 to the* Welfare and Institutions Code, relating to Medi-Cal.

### LEGISLATIVE COUNSEL'S DIGEST

AB 119, as amended, Cohn. Medi-Cal: provider enrollment.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Services and pursuant to which health care services are provided to qualified low-income persons.

Existing law requires a Medi-Cal provider applicant that is not currently enrolled in the Medi-Cal program, or a provider required to apply for continued enrollment, in certain circumstances, to submit a complete application package for enrollment, continuing enrollment, or enrollment at a new location or a change in location. Applicants or providers that meet certain criteria may be granted preferred provider status for up to 18 months.

~~This bill would provide that, except under unspecified circumstances, a provider enrolled and in good standing in the Medi-Cal program who is changing locations within the same county is eligible to continue enrollment at the new location by filing a change of location form, which would be developed by the~~

department, in lieu of submitting a complete application package. This bill would require the department to provide notice upon receipt of a form under this provision.

This bill would also provide for the automatic enrollment in the Medi-Cal program of any physician and surgeon licensed by the Medical Board of California or osteopathic physician and surgeon licensed by the Osteopathic Medical Board of California, who meets specified conditions and submits a short form application that would be developed by the department. The bill would provide that an applicant granted automatic enrollment pursuant to this provision shall be granted provisional provider status for a period of 12 months.

Existing law requires the department to provide notice within various timeframes upon receipt of Medi-Cal provider applications pursuant to these provisions or from the date of notifying an applicant or provider that he or she does not qualify as a preferred provider.

This bill would reduce the timeframes within which the department is required to provide notice under these provisions.

*This bill would authorize, on and after July 1, 2006, a provider required to enroll under these provisions to request an expedited review of his or her application by paying a fee in an amount to be determined by the department. The bill would provide for the annual adjustment of the fee amounts, as directed by the Legislature in the annual Budget Act.*

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1     SECTION 1. Section 14043.265 is added to the Welfare and
- 2     Institutions Code, to read:
- 3     14043.265. (a) On and after July 1, 2006, a provider
- 4     required by Section 14043.26 to enroll in the Medi-Cal program
- 5     may request an expedited review of his or her application by
- 6     paying a fee in an amount to be determined by the department.
- 7     (b) A provider paying a fee pursuant to subdivision (a) shall
- 8     have his or her application reviewed within a timeframe to be
- 9     determined by the department, not to exceed \_\_\_\_\_ days from the
- 10    date of receipt of a completed application with the payment
- 11    attached and a written request from the provider requesting an
- 12    expedited \_\_\_\_\_ day review of the application.

1     (c) Commencing July 1, 2006, fees provided pursuant to this  
2     section shall be adjusted annually, as directed by the Legislature  
3     in the annual Budget Act.

4     (d) As part of the annual budget process, the department shall  
5     prepare a staffing and workload analysis to ensure efficient and  
6     effective utilization of fees collected. The analysis shall include  
7     all of the following:

8     (1) The number of providers requesting an expedited review  
9     pursuant to this section as a percentage of the total applications  
10    received by provider enrollment.

11    (2) The workload standard to process a provider application.

12    (3) The amount of revenue collected pursuant to this section.

13    (4) The actual cost to process an application and whether the  
14    amount of the fee collected is funded through the fee and federal  
15    funds matched by the fee.

16    ~~SECTION 1. Section 14043.26 of the Welfare and~~  
17    ~~Institutions Code is amended to read:~~

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20     **All matter omitted in this version of the bill**  
21     **appears in the bill as amended in the**  
22     **Assembly, March 30, 2005 (JR11)**  
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